

Weisman

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

MAR - 3 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
03-001

2. STATE  
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

P.L. 104-193 Citizenship  
42 CFR Part 435

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$2,560,000 \$9,584.22  
b. FFY 2004 \$ 870,000 \$3,256 (P+I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

1. HCFA-PM-91-4 (BPD);  
SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
FEBRUARY 1992. Page 5
2. SUPPLEMENT 6 TO Attachment 2.6-A page 1  
SUPPLEMENT 6 TO Attachment 2.6-A page 1.b
3. SUPPLEMENT 13 TO ATTACHMENT 2.6-A  
AUGUST 1987. Page 1
4. HCFA-PM-91-4 (MB)  
ATTACHMENT 2.6-A  
AUGUST 1991. Page 2
5. Attachment 2.6A, p. 3 (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

1. No change Supplement 1 to Attachment 2.6A, pg. 5
2. No change Supplement 6 to Attachment 2.6A,  
page 1, and 1b.

3. No change Supplement 13 to Attachment  
2.6A, page 1

4. No change  
attachment 2.6A, page 2

5. Attachment 2.6A, page 3 (P+I)

10. SUBJECT OF AMENDMENT:

1. Resource limits
2. 2003 COLA
3. Citizenship, alien status

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Karl B. Kurtz*

13. TYPED NAME: Karl B. Kurtz

14. TITLE: Director

15. DATE SUBMITTED: January 30, 2003

16. RETURN TO:

Phil Gordon, Chief  
Bureau of Benefit Program Operations  
Idaho Department of Health and Welfare  
450 West State Street - Second Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: MAR - 3 2003

18. DATE APPROVED: MAY - 5 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

*/s/*

21. TYPED NAME:

*Ram S. O'Connor*

22. TITLE:

Associate Regional Administrator  
Division of Medicaid &  
Boi Children's Health

23. REMARKS:

POST 2/27. Boi Children's Health  
(CITY/STATE)

P+I changes authorized by the state on 4/18/2003.

P+I changes authorized by the state on 5/15/03, 5/19/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

\$1,656

TN No. 03-001

Supersedes

TN No. 02-001

Approval Date MAY - 5 2003

Effective Date JAN - 1 2003  
HCFA ID: 7985E

State: IDAHO

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
(1)			1 person	Couple	1 person	couple	(5)
Aged, Blind, Disabled – Living Independently, Including room and board paid to a parent, child or sibling.		X	\$1,656	\$3,312	\$ 634*	\$ 929*	Income disregards of the SSI program.  * Includes \$50 special needs allowance for each person.
Aged, Blind, Disabled – Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home		X	\$1,656	\$3,312	\$ 527	\$1,054	
Aged, Blind, Disabled – Room and Board		X	\$1,656	\$3,312	\$ 729	\$1,458	
Aged, Blind, Disabled – Semi- Independent Group Residential Facility		X	\$1,656	\$3,312	\$ 729	\$1,458	
Aged, Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							
Level I		X	\$1,656	\$3,312	\$ 871	\$1,742	
Level II		X	\$1,656	\$3,312	\$ 938	\$1,876	
Level III		X	\$1,656	\$3,312	\$1,006	\$2,012	

TN No. 03-001

Supersedes

TN No. 02-001

Approval Date MAY - 5 2003

Effective Date JAN - 1 2003

HCFA ID: 7985E

State: Idaho

INCOME LIMITS BY LIVING SITUATION	
Living Situation	Medicaid Income Limit
INDEPENDENT Single Person Couple	\$584 (\$584 Basic Allowance) \$829 (\$829 Basic Allowance)
ROOM AND BOARD	\$729 (\$67 Basic Allowance plus \$662 Room and Board Allowance)
SEMI-INDEPENDENT GROUP RESIDENTIAL FACILITY	\$729 (\$349 Basic Allowance plus \$380 Semi-Independent Group Residential Facility Allowance)
RESIDENTIAL AND ASSISTED LIVING FACILITY AND CERTIFIED FAMILY HOME	Level I \$878 (\$67 Basic Allowance plus \$804 Care Allowance Level II \$938 (\$67 Basic Allowance plus \$871 Care Allowance Level III \$1,006 (\$67 Basic Allowance plus \$939 Care Allowance)

TN No. 03-001

Supersedes

TN No. ~~02-003~~

02-001 (P+I)

Approval Date MAY - 5 2003Effective Date JAN - 1 2003

Citation

Condition or Requirement

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.
- B. In the determination of resource eligibility, the State resource standard is the maximum resource allowance permissible under section 1924 of the social security act. The Standard is:

Maximum: \$90,660

Minimum: \$18,200

The maximum monthly maintenance need allowance is \$2,267.

- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State Agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid Program.

State: IDAHO

Citation(s)	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
1905(p)(3)(A)(ii)	e. For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) or (p)(3)(A)(ii).
42CFR 435.402	3. Is residing in the United States and –
	(a) Is a citizen;
	(b) Is a qualified alien, as defined in P.L. 104-193 as amended, whose coverage is mandatory under such Act. [X] Is a qualified alien, as defined P.L. 104-193, whose coverage is optional under such Act.
	(c) Is either an alien who is not a qualified alien, as defined in P.L. 104-193, as amended, or who is a qualified alien subject to the five-year bar in section 403 of that Act, who entered the United States August 22, 1996 or later. (Coverage of such otherwise eligible aliens is limited to care and services necessary to treat an emergency medical condition of the alien.)

TN. No. 03-001  
 Supersedes  
 TN No. 97-011

Approval Date MAY - 5 2003 Effective Date JAN - 1 2003

State: IDAHO

Citation(s)	Condition or Requirement
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
	<input checked="" type="checkbox"/> State has interstate residency agreement with the following States:  Utah Kentucky Ohio Florida Pennsylvania Tennessee Wisconsin Iowa
	<input type="checkbox"/> State has open agreement(s)
	<input type="checkbox"/> Not applicable; no residency requirement.

TN. No. 03-001  
Supersedes  
TN No. 91-19

Approval Date MAY - 5 2003 Effective Date JAN - 1 2003